



# Situation Report #5

## UNFPA Response in Lebanon

Photo: © UNFPA/Lebanon

Country:	Lebanon ▾
Emergency type:	Conflict ▾ Displacement ▾
Start Date of Crisis:	Oct 8, 2023
Date Issued:	Dec 20, 2024
Covering Period:	Dec 1, 2024 to Dec 15, 2024
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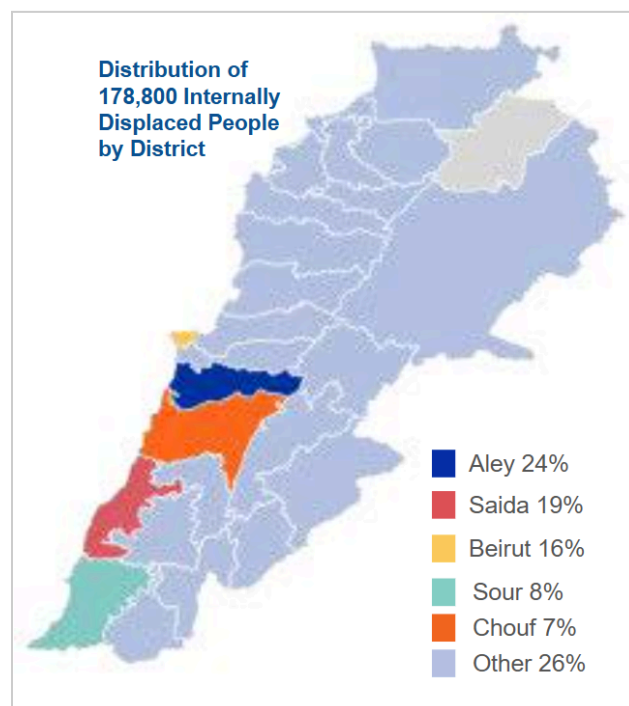
### Key Figures

 <p><b>1 Million+</b> Affected people<sup>1</sup></p>	 <p><b>336,000</b> Women of reproductive age*</p>	 <p><b>13,900</b> Estimated pregnant women*  <b>1,550</b> expected to deliver in the next month*</p>	 <p><b>1,580+</b> Gender-based violence services provided</p>	 <p><b>1,950+</b> People reached with sexual and reproductive health services</p>
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<sup>1</sup> Of whom 178,817 people remain internally displaced, and 902,717 returned IDPs back in their areas of origin in need of assistance - [IOM Mobility snapshot - round 67](#)

## Situation Overview

- The announcement of a ceasefire on 27 November 2024 triggered an immediate and large-scale return movement. **As of 12 December, more than 902,700 people have returned to their areas of origin.** However, returnees are facing significant challenges, including ongoing insecurity, unexploded ordnance risks, disrupted public services, and access restrictions in over 70 localities in South Lebanon.
- At least 12 people have been reportedly killed in attacks since the ceasefire announcement, according to the Ministry of Public Health (MoPH), with strikes continuing to affect parts of the Baalbek-Hermel, Bekaa, El Nabatieh and South governorates.
- **19 Primary Health Care Centres (PHCCs) and dispensaries, and three hospitals remain closed**, and another six hospitals are only partially operating, severely impacting delivery of medical services. Access to life-saving obstetric care and maternal deliveries remains insufficient, especially in Bent Jbeil, Marjaayoun and El Nabatiyeh districts.
- Many returning families remain internally displaced, as their homes have been destroyed or damaged, but have still moved closer to their communities. Preliminary assessments report that at least 99,000 housing units have been damaged or destroyed, with extensive damage to water, power, and health infrastructure.<sup>2</sup>
- **More than 178,800 people (52% women) remain internally displaced** - 48% are living in host settings, 46% are living in rentals, 3% are housed in 65 collective shelters, and 1% have resided in unfinished buildings, tents, parks, or on the streets. Notably, 33% of those living in host settings are living in overcrowded conditions.
- The escalation of hostilities since 26 November and the resulting political transition in Syria on 8 December, has led to intense population movements in and out of Lebanon. Official border crossings that are now open include Arida (North, reopened on 13 December), Masnaa and Qaa (Bekaa, reopened on 8 and 11 December respectively), while unofficial border crossing points are also being used. During this period, the Government of Lebanon reported that 10,000 Syrians returned to Syria, while 55,000 people (30,000 Syrian and 25,000 Lebanese) entered Lebanon, including Lebanese who had fled the Israeli-Hezbollah conflict.<sup>3</sup>
- Women and girls on the move and/or those returning to unsafe or damaged homes face significant protection risks, including exposure to gender-based violence (GBV) and sexual exploitation and abuse (SEA).



This map is for illustration purposes only. Names and boundaries on this map do not imply official endorsement or acceptance by the UN

<sup>2</sup> [Rapid Humanitarian Situation Monitoring - REACH](#)

<sup>3</sup> [UNHCR Regional Flash Update #3](#)

## UNFPA-Response

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UNFPA is coordinating closely with the MoPH, the Ministry of Social Affairs (MoSA), and local partners to adapt its response strategy. Efforts focus on protection and support for affected populations, particularly in areas with high concentrations of returning IDPs, to better address their evolving needs. This includes reprogramming UNFPA mobile medical teams to ensure access to essential health and protection services. Additionally, UNFPA is assessing accessibility and necessary rehabilitation of four Women and Girl Safe Spaces (WGSS) that were destroyed during the conflict in Hay el Sellom (Beirut), Al Ain (Bekaa), Bazourieh and Sour (South Lebanon) to restore critical services for survivors of GBV and other groups in vulnerable situations.

### Sexual and Reproductive Health Response

- UNFPA supported 13 women to access institutional deliveries (including C-sections). UNFPA's support to 32 hospitals across Lebanon, including financial coverage for childbirth costs and supplies, allows pregnant women experiencing complications to access emergency obstetric care.
- UNFPA supports SRH services at 35 PHCCs and 14 medical mobile units that operate in communities. These facilitate access to SRH care and pre- and postnatal care, alongside the dissemination of information on menstrual management, sexually transmitted infections, family planning, and nutrition for pregnant and breastfeeding women. UNFPA is also supporting referrals to specialized services as needed.
- UNFPA's network of 200 midwives continues to provide maternal health care and family planning services to pregnant women and new mothers across Lebanon.
- In partnership with the Lebanese Order of Midwives, UNFPA provided family planning training to 120 midwives across Lebanon. Additionally, and in partnership with the Social Workers Syndicate, UNFPA provided mental health and psychological first aid training to 81 social workers.

### GBV Response

- UNFPA distributed 1,960 dignity kits<sup>4</sup> to women and girls in shelters and areas of return. These kits are part of a supply of 14,100 that were dispatched by the end of November to nine partners, including women-led organizations and national and international NGOs. On December 12, a UNFPA convoy delivered dignity kits to 1,000 women and girls in Al Ain (Bekaa).
- As the co-chair of the GBV Working Group and under its guidance, UNFPA leverages the distribution of dignity kits as an entry point to provide psychological first aid (PFA), identify and refer GBV cases, and disseminate information on available services for mental health and psychosocial support (MHPSS), and protection from sexual exploitation and abuse (PSEA).
- UNFPA supports case management for those at risk of or subjected to GBV, including the provision of cash assistance. Recognizing the diverse needs of affected individuals and communities, UNFPA supports psychosocial support (PSS) programmes and implementing awareness-raising initiatives to challenge harmful norms and foster a culture of GBV prevention, risk mitigation and support.

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<sup>4</sup> A dignity kit contains a three months supply of essential items to maintain hygiene, health and increase. It includes sanitary pads, soap, a torch, socks, underwear, toothbrush, toothpaste, a bag, and a leaflet with key messages on GBV, the prevention of sexual abuse and exploitation, PSS, and how to seek help.

- UNFPA launched PSEA information sessions to affected children and adults through puppet shows and theater forums at the remaining shelters in South Lebanon. UNFPA also built the capacities of more than 30 aid-workers through theater forums on PSEA core concepts and reporting channels.
- During the 16 Days of Activism Against Gender-Based Violence, UNFPA partnered with The Arab Institute of Women at the Lebanese American University to raise awareness on the impacts of crises and displacement on women and girls. The initiative included a webinar on GBV in times of conflict, which was attended by 60 students, as well as a student arts competition themed: #Uprooted - Resilience in Crisis.

## Hay El Sellom Center







Lama\* returned back to the southern suburbs of Beirut to find her home damaged, and the women and girls safe space she sought with her 8-year old daughter destroyed. During her 2-month displacement, she learned that her brother-in-law and two nieces (7 and 9 years old) were killed in an airstrike. Struggling with grief and fear of the impacts of the war on her family, Lama has been increasingly protective over her daughter and is reluctant to send her to school. **“I can’t bear it if she leaves my sight. I feel a constant need to protect her”**. Prior to the escalation of the conflict, Lama and her daughter received multiple services at the now-destroyed UNFPA-supported safe space for women and girls in Hay el Sellom, Beirut, including psychosocial sessions. **“We came back here because we need to heal from the trauma of this war that has left us with nothing”**.



Lama participates in a psychological first aid session at the Hay el Sellom center, Beirut - © UNFPA Lebanon

Although the center requires rehabilitation and is not fully operational, UNFPA’s local partner, Amel, has conducted PFA sessions within the damaged facility for Lama and other women who previously attended the safe space before the conflict. These sessions were carried out after a security assessment confirmed that it was safe to use the site for such activity. UNFPA is currently assessing the accessibility and rehabilitation needs of four supported WGSSs, including the center in Hay el Sellom, to restore critical services for GBV survivors and other groups in vulnerable situations.

### Results Snapshots (1-15 December, 2024)

	<b>13</b>	Displaced pregnant women accessed maternal health care, including for life-saving interventions (intrauterine fetal death, sepsis, bleeding)
	<b>14</b>	Mobile medical units supported across Lebanon
	<b>35</b>	Primary health care centers supported across Lebanon
	<b>16</b>	Safe spaces for women and girls supported, including mobile safe spaces
	<b>1,960</b>	Dignity kits distributed to women and girls of reproductive age
	<b>2,591</b>	People reached with GBV and SRH awareness sessions

## Coordination Mechanisms

### Gender-Based Violence

Within the framework of the National Protection Sector, UNFPA co-chairs the Gender-Based Violence Working Group (GBV-WG) with the MoSA and UNHCR. As of 15 December, GBV partners supported nearly 82,000 individuals, providing information on GBV services and PFA to women and girls. Partners distributed close to 54,000 dignity kits to women and girls. Over 27,500 individuals - primarily women and girls - received remote support, including GBV case management and psychosocial support.

Following the ceasefire, GBV actors have discussed strategies to resume activities to enhance access to services for women, girls, and other individuals at risk of GBV. The GBV WG is closely monitoring the situation and supporting partners in delivering their activities. It is also providing guidance on selecting areas of intervention based on the evolving situation.

UNFPA coordinates efforts for partners to deliver a unified and comprehensive response through:

- Mapping and updating referral pathways.
- Strategic guidance to partners, including remote case management.
- Dignity kit distribution.
- Monitoring partner activities to prevent duplication of efforts and effectively address gaps.
- Strengthening partner capacity on GBV, advocating for GBV mainstreaming, incorporating best practices, and securing funding for the GBV sector.

### Sexual and Reproductive Health

Under the National Health Sector, UNFPA co-leads the Reproductive Health Sub-Working Group in partnership with the MoPH. Members include national and international NGOs, academics, relevant ministries, and UN agencies. Between 1 to 15 December, health partners reported that almost 10,000 beneficiaries received SRH services across the country, and 169 menstrual health management (MHM) kits<sup>5</sup> were distributed. SRH services, including family planning consultations, are being provided by physicians and midwives at shelters, PHCCs and within the community.

UNFPA coordination activities focus on supporting and engaging with:

- Health partners on reprogramming efforts following the ceasefire.
- MoPH and health partners to expand support to hospital deliveries and CMR services.
- Health partners on the utilization of MoPH SRH information prioritized for outreach.
- New SRH partners to strengthen delivery of SRH services and weekly reporting.

Partners continue to face access challenges in conflict-affected areas, particularly in villages in the South and El Nabatieh governorates, where Israeli forces remain present. In El Nabatieh, access to emergency obstetric care and institutional deliveries is limited near the border, with three government hospitals partially or fully closed. Health partners are coordinating referrals to nearby facilities to ensure safe deliveries and prevent maternal deaths. Post-ceasefire, access to CMR services has been restored, and facilities in both governorates have resumed operations.

<sup>5</sup> MHM kits contain soap and 30 menstrual pads for each woman/girl (aged 12-49 years). Two cotton towels are distributed by health partners as part of health education sessions for women and girls.

## Funding Status

The Inter-Agency Flash Appeal for Lebanon, launched on 1 October 2024, aims to secure US\$ 425.7 million to address the most urgent needs of 1 million people in Lebanon. Within this framework, UNFPA's financial requirements until the end of 2024 amount to US\$ 8.6 million, with US\$ 5.5 million designated for SRH programmes and US\$ 3.1 million allocated to GBV interventions.

So far, UNFPA has received US\$ 3.2 million: US\$ 1.7 million from the internal Emergency Fund and Humanitarian Thematic Fund, US\$ 1 million from Central Emergency Response Fund, and US\$ 500,000 from SIDA.

The Flash Appeal complements the UNFPA Appeal of US\$ 19 million for the Lebanon Response Plan.

UNFPA extends its sincere gratitude to its recent donors for their support to its humanitarian response in Lebanon prior to the launch of this Flash Appeal, including SIDA, KOICA, the European Union (ECHO), Japan, and France.

